THE CORPORATION OF THE
MUNICIPALITY OF MISSISSIPPI MILLS

ELECTRONIC FUND TRANSFER (EFT) CONSENT FORM

Mississippi Mills

I hereby consent and give The Municipality of Mississippi Mills the authorization to use the attached banking information to process electronic payment(s) directly to my organization's bank account through the use of Electronic Funds Transfer (EFT). I also agree to update the Municipality of Mississippi Mills should any of the banking information below change.

Instructions: Please complete Part One and Part Two.

Part One – Remittance Information

Supplier/Vendor Name:	
Supplier/Vendor Contact Name:	Phone: (___) ___-____ x ____
Print Name and Title of Signing Authority:	Phone: (___) ___-____ x ____
Authorized Signature:	

Please complete the following for payment details:

☐ Phone number: (_ _ _) _ _ _ - _ _ _ _ **AND** Email:_____

☐ No remittance advice necessary.

Part Two - Payment Information

To ensure the accuracy of our account information, **you must attach a void cheque or direct deposit information form** from your bank and complete the following:

Name of Financial Institution	
Address of Financial Institution	

Account Information (CAD $ Account):

Institution #				Transit #					Account #														

Email your completed form to **esyme@mississippimills.ca**
or return it to the municipal office.

Personal information on this form is collected under the authority of the Municipal Act and will be used only to administer Electronic Fund Transfers. Questions about this collection should be directed to the Municipal Freedom of Information and Privacy Coordinator at 613-256-2064.